



State of Arizona
Department of Education
TIME DISTRIBUTION REPORT

Employee Name Cook, Queen			Position Cook		Month/Year 8/14
Work Hours		CACFP Administrative Tasks	Food Service Operational Tasks		Totals
Day	Start	End	A. e.g., Managing, planning, recordkeeping, training, monitoring	B. e.g., point of service meal counts, ensuring correct portion sizes, ensuring all foods served at once	C. Total Hours Worked for the day
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Total Administrative Hours Worked 0 Total Operational Hours Worked 184 Total Monthly Hours Worked 184
☒ Alternate Certificate Statement: I certify that I am on a fixed work schedule.
My workdays are Monday through Friday. My work hours are 7:00 a.m. to 4:00 p.m. p.m. I did not work outside the hours of my fixed schedule, and all my work hours were spent performing Food Service duties.
I certify that all information is true and correct.

Signature – Employee _____		Date _____
Approval: _____		
Signature – Supervisor _____		Date _____

Form revised October 2010

PURPOSE

To document the amount of time spent performing Food Service and Non-Food Services tasks for each day worked during the month. This information is used to establish the portion of costs that may be claimed as Food Service labor.

PROCEDURE

When to Prepare

All full-time and part-time employees, who's compensation in whole or in part is paid with Food Service funds, must complete this report. The information must account for the total activity for which each employee is compensated. The reports must reflect an after-the-fact determination of the actual activity of each employee. A separate report is required for each employee.

Number of Copies

Complete one original for each employee for each month.

Transmittal

Keep the completed and signed form in your files.

Form Retention

Keep the Time Distribution Report for five years and 90 days from the end of the contract period. Exception: If audit findings, claims, or litigation have not been resolved by the end of the retention period, all forms and records must be retained until all issues are resolved.

DETAILED INSTRUCTIONS

Employee Name – Enter the name of the employee whose time distribution is being recorded.

Position – Enter the title of the position for this employee.

Month/Year – Enter the month and the year covered by this time distribution report.

Day – No entry is required. This column indicates that day of the month.

Work Hours – The employee enters that start and end time for each day worked. More than one time may be entered if the employee has a break in work hours other than normal lunch and break times.

CACFP Administrative Tasks (Column A) - The employees enters the amount of time spent performing administrative tasks in column A. Time should be reported in 15 to 30 minute intervals. Employees should round up or down to the nearest half-hour. This should reflect an after-the-fact determination of the actual time spent in each activity. Then total the entire column and report these hours on the monthly expense worksheet.

Food Service (Operational) Tasks (Column B) - The employee enters the amount of time spent performing Food Service tasks in column B. Time should be reported in 15 to 30 minute intervals. This should reflect an after-the-fact determination of the actual time spent in each activity. Then total the entire column and report these hours on the monthly expense worksheet.

Total Hours Worked for the day (Column C) – The employee enters the total number of hours worked that day. At the end of the month, total the numbers in column C to calculate Total Monthly Hours Worked. Use this figure to help determine the percentage of benefits charged to CACFP.

Alternate Certification Statement – This certification statement may be completed in lieu of the detailed daily time distribution entries if the employee did not work outside of the fixed schedule and all hours were spent performing Food Service duties.

Signature and Date – Employee – The employee must sign and date the document to certify that all information is true and correct.

Signature and Date – Supervisor – The employee's supervisor must sign and date the document to show approval of the form.